

Kentucky Board of Chiropractic Fxaminers

Peer Review Committee
P.O. Box 183
Glasgow, KY 42142-0183

CHIROPRACTIC PEER REVIEW CARRIER'S RECORDS CERTIFICATION

Pursuar	nt to t	he require	mer	nts fo	or the	subm	nission o	f claims for	Pe	er Revie	ew, I
HEREB	Y CER	TIFY that I	hav	e su	bmitte	d to th	ne best of	my knowled	dge a	and belie	ef, all
records	pertai	ning to the	file	of (Patient	Name) .					
having	been	submitted	to	the	BCE	Peer	Review	Committee	for	review	and
conside	ration.										
· (Printed Name of Submitting Party)								(Title)			
						and the second					
(Signature of Submitting Party)								(Date Sigr	ned)		
(Address of Submitting Party)						_					
		2002									
(City)											
(8	State)		(Z	ip Cod	le)						
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								FOR (OFFIC	E USE	ONLY
								PR CA	SE #	# :	



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